

REQUEST FOR QUALIFICATIONS
for
INSURANCE BROKER SERVICES

Proposal Number BC-03-22-06-29

BOARD OF COUNTY COMMISSIONERS
LEON COUNTY, FLORIDA

Release Date: February 20, 2006

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
Proposal Number: BC-03-22-06-29**I. INTRODUCTION**

The County is seeking proposals stating credentials and qualifications from qualified persons/firms for the provision of comprehensive insurance brokerage services. The County will qualify, based on responses to this solicitation, a limited number of insurance agents and/or insurers who will then be **provided more** specific program data and asked to approach assigned markets and propose insurance coverages. One or more agents may be selected in this process to provide insurance broker services. The County desires a three-year agreement with two (2) two-year extension options for broker services.

Section III, Scope of Services more fully details the purpose and process for selection of persons/firms to serve as insurance brokers.

II. GENERAL INSTRUCTIONS:

- A. The response to the RFQ should be submitted in a sealed addressed envelope to:

Proposal Number: BC-03-22-06-29
Purchasing Division
2284 Miccosukee Road
Tallahassee, FL 32308

- B. An ORIGINAL and five (5) copies of the Response must be furnished on or before the deadline. Responses will be retained as property of the County. **The ORIGINAL of your reply must be clearly marked "Original" on its face and must contain an original, manual signature of an authorized representative of the responding firm or individual,** all other copies may be photocopies.
- C. Any questions concerning the request for proposal process, required submittals, evaluation criteria, proposal schedule, and selection process should be directed to Keith Roberts or Don Tobin at (850) 488-6949; FAX (850) 922-4084; or e-mail at keith@mail.co.leon.fl.us or tobind@mail.co.leon.fl.us. Written inquiries are preferred.
- D. Special Accommodation: Any person requiring a special accommodation at a Pre-Bid Conference or Bid/RFP opening because of a disability should call the Division of Purchasing at (850) 606-1600 at least five (5) workdays prior to the Pre-Bid Conference or Bid/RFP opening. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).
- E. Proposers are expected to carefully examine the scope of services, and evaluation criteria and all general and special conditions of the request for qualifications prior to submission. Each Vendor shall examine the RFQ documents carefully; and, no later than seven (7) calendar days prior to the date for receipt of proposals, he shall make a written request to the Owner for interpretations or corrections of any ambiguity, inconsistency, or error which he may discover. All interpretations or corrections will be issued as addenda. The County will not be responsible for oral clarifications.
- Only those communications which are in writing from the County may be considered as a duly authorized expression on the behalf of the Board. Also, only those communications from firms which are in writing and signed will be recognized by the Board as duly authorized expressions on behalf of proposers.
- F. Your response to the RFP must arrive at the above listed address no later than Wednesday, March 22, 2006 at 2:00 PM to be considered.

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- G. Responses to the RFQ received prior to the time of opening will be secured unopened. The Purchasing Agent, whose duty it is to open the responses, will decide when the specified time has arrived and no proposals received thereafter will be considered.
- H. The Purchasing Agent will not be responsible for the premature opening of a proposal not properly addressed and identified by Proposal number on the outside of the envelope/package.
- I. It is the Proposers responsibility to assure that the proposal is delivered at the proper time and location. Responses received after the scheduled receipt time will be marked 'TOO LATE' and may be returned unopened to the vendor.
- J. The County is not liable for any costs incurred by bidders prior to the issuance of an executed contract.
- K. Firms responding to this RFQ must be available for interviews by County staff and/or the Board of County Commissioners.
- L. The contents of the proposal of the successful firm will become part of the contractual obligations.
- M. Proposal must be typed or printed in ink. All corrections made by the Proposer prior to the opening must be initialed and dated by the Proposer. No changes or corrections will be allowed after proposals are opened.
- N. If you are not submitting a proposal, please return the form attached at the end of the RFQ, marked 'No Proposal'.
- O. The County reserves the right to reject any and/or all proposals, in whole or in part, when such rejection is in the best interest of the County. Further, the County reserves the right to withdraw this solicitation at any time prior to final award of contract.
- P. Cancellation: The contract may be terminated by the County without cause by giving a minimum of thirty (30) days written notice of intent to terminate. Contract prices must be maintained until the end of the thirty (30) day period. The County may terminate this agreement at any time as a result of the contractor's failure to perform in accordance with these specifications and applicable contract. The County may retain/withhold payment for nonperformance if deemed appropriate to do so by the County.
- Q. Public Entity Crimes Statement: Respondents must complete and submit the enclosed Public Entity Crimes Statement. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
- R. Certification Regarding Debarment, Suspension, and Other Responsibility Matters: The prospective primary participant must certify to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency and meet all other such responsibility matters as contained on the attached certification form.

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- S. Licenses and Registrations: The contractor shall be responsible for obtaining and maintaining throughout the contract period his or her city or county occupational license and any licenses required pursuant to the laws of Leon County, the City of Tallahassee, or the State of Florida. Every vendor submitting a bid on this invitation for bids **shall** include a copy of the company's local business or occupational license(s) or a written statement on letterhead indicating the reason no license exists. Leon County, Florida-based businesses are required to purchase an Occupational License to conduct business within the County. Vendors residing or based in another state or municipality, but maintaining a physical business facility or representative in Leon County, may also be required to obtain such a license by their own local government entity or by Leon County. For information specific to Leon County occupational licenses please call (850) 488-4735.

If the contractor is operating under a fictitious name as defined in Section 865.09, Florida Statutes, proof of current registration with the Florida Secretary of State **shall be submitted** with the bid. A business formed by an attorney actively licensed to practice law in this state, by a person actively licensed by the Department of Business and Professional Regulation or the Department of Health for the purpose of practicing his or her licensed profession, or by any corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State **shall submit** a copy of the current licensing from the appropriate agency and/or proof of current active status with the Division of Corporations of the State of Florida or such other state as applicable.

Failure to provide the above required documentation may result in the proposal being determined as non-responsive.

T. Audits, Records, And Records Retention

The Contractor shall agree:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(l)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

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U. Monitoring

To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.

Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the County; and (3) the termination of this contract for cause.

V. Local Preference in Purchasing and Contracting

1. Preference in requests for proposals. In purchasing of, or letting of contracts for procurement of, personal property, materials, contractual services, and construction of improvements to real property or existing structures for which a request for proposals is developed with evaluation criteria, a local preference of the total score may be assigned for a local preference, as follows:

- a) Individuals or firms which have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of five percent.

- b) Individuals or firms which do not have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of three percent.

2. Local business definition. For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office or distribution point located in and having a street address within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and

- b) Holds any business license required by Leon County, and, if applicable, the City of Tallahassee; and

- c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

3. Certification. Any vendor claiming to be a local business as defined, shall so certify in writing to the Purchasing Division. The certification shall provide all necessary information to meet the requirements of above. The Local Vendor Certification Form is enclosed. The purchasing agent shall not be required to verify the accuracy of any such certifications, and shall have the sole discretion to determine if a vendor meets the definition of a "local business."

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W. Planholders

As a convenience to vendors, Leon County has made available via the internet lists of all registered planholders for each bid or request for proposals. The information is available on-line at <http://www.leoncountyfl.gov/Purchasing/Bid.asp> by simply clicking the planholder link to the right of the respective solicitation. A listing of the registered vendors with their telephone and fax numbers is designed to assist vendors in preparation of their responses.

X. Addenda To Specifications

If any addenda are issued after the initial specifications are released, the County will post the addenda on the Leon County website at <http://www.co.leon.fl.us/purchasing/>. For those projects with separate plans, blueprints, or other materials that cannot be accessed through the internet, the Purchasing Division will make a good faith effort to ensure that all registered bidders (those vendors who have been registered as receiving a bid package) receive the documents. It is the responsibility of the vendor prior to submission of any proposal to check the above website or contact the Leon County Purchasing Division at (850) 606-1600 to verify any addenda issued. The receipt of all addenda must be acknowledged on the response sheet.

Y. Non-Confidentiality of Submittals

The County does not warrant confidentiality of responses to this RFQ. All responses are subject to Florida's public records law and must be open to viewing by anyone who asks to see them.

III. SCOPE OF SERVICES:

A. BROKER SERVICES PROCESS

This is planned as a two step process. In this current step of the process, the County will receive and review proposals from candidates to serve as an insurance broker. Based upon review and evaluation of these submittals, the County will pre-qualify agents for the second step.

In the second step of the process, the County will request from the pre-qualified agents, quotes for one or more of the following coverages: Property and Inland Marine, Boiler and Machinery, General Liability (including Employment Practices and Public Official Liability), Pollution, Automobile, Accidental Death and Dismemberment, Volunteer Fire Services, Aviation, Excess Workers' Compensation and Third Party Administrator for Workers' Compensation. It is the intent of the County to seek the most advantageous coverage and pricing for each of the listed products which may result in one or more broker services being selected.

Each candidate is being asked to submit a formal written proposal to detail its capabilities in servicing the County. Interested persons/firms are to submit their credentials and qualifications on the attached submission forms and additional sheets as necessary. Proposals MUST follow the format outlined by this RFQ. The proposals submitted will be reviewed and a list of pre-qualified agents determined during this insurance agent/insurer qualification process. Only firms that have been pre-qualified by this process will be eligible to submit proposals for the County's insurance. Wherever herein the term "agents" is used it shall also mean brokers.

In the second phase, the County will consider proposals from the pre-qualified agents for a program similar to the current one, and possibly alternative limits and deductibles. The County prefers maximum separability of proposals, in the event that it finds it most cost effective to contract with more than one agent and/or insurer. Limited background information

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is provided herein to facilitate qualification submission. After firms are pre-qualified, market assignments will be given to agents qualified by this process. Anniversary dates, current coverages, and insurers are shown on the attached submission forms.

The successful broker(s) will be asked to commence servicing the account in conjunction with an October 1, 2006 renewal date of insurance coverages. The chosen organization(s) will be held to aggressive service requirements and high quality standards in providing service for the County.

Time is of the essence in regard to these services. It is the County's intent to act as expeditiously as possible to meet or exceed all timelines contained herein and the Contractor selected is expected to do the same throughout the period of service.

B. INCUMBENT INSURANCE BROKER

The County's incumbent insurance brokers are automatically qualified to propose renewal coverages through only incumbent insurers, and may be assigned other markets based on the response to this RFQ. The incumbent brokers are not exempt from completion of the submission forms and are expected to respond to all items, both for incumbent insurers and any others for which the incumbents desire to be qualified.

C. INSURANCE MARKET ASSIGNMENT

Submitters are requested to state their preference of markets to be assigned for specific coverages and to indicate their ability to access such markets, e.g. agency contract or brokerage arrangement or exclusive contract. The County reserves the exclusive right to make final assignments of markets. Following the County's market assignments, pre-qualified agents will be free to contact insurers not otherwise assigned or committed to other pre-qualified agents. If the incumbent agent becomes pre-qualified, incumbent markets may be automatically assigned to the incumbent agent. Incumbent insurers are to not be contacted by anyone other than the current agent.

Creativity and innovation will be reviewed as a significant plus in all submissions. Based on the review, selected brokers may be invited to make oral presentations to discuss their proposal and approach to handling the account. Broker of Record Authorization(s) will then be given to the selected broker(s) who will be asked to market specific lines of coverage for the County.

D. AGENT REMUNERATION

Full disclosure of any and all remuneration is expected, including fees, contingency commissions and commissions/fees paid to/earned by intermediaries. Be specific about arrangements that may involve contingency commissions, overrides based on total book of business, loss ratios, etc.

The County desires a three-year agreement with two (2) two-year extension options. Please indicate the remuneration as it relates to these desired time frames.

E. WAIVER/REJECTION OF PROPOSALS

The County reserves the right to reject any and all proposals or to award the contract in the manner deemed best with respect to cost, service, and program structure. This Request for Qualifications (RFQ) is intended to provide a clear understanding of the County's expectations. This document defines the skill and capabilities that the County expects from its account executive(s) and service provider team(s) as well as a definition of the services required.

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All costs incurred by prospective service providers in preparation of submissions, presentations, related travel costs and expenses are the responsibility of the service providers.

F. MARKETING OF INSURANCE COVERAGES

This is a Request for Qualifications ONLY and coverage is not to be marketed at this time. **NO INSURERS MAY BE RESERVED UNTIL BROKER OF RECORD AUTHORIZATION(S) IS/ARE GIVEN.** Failure to comply with this requirement may result in disqualification.

G. SERVICES TO BE PROVIDED

Leon County is seeking professional broker services for the following areas:

1. Marketing of insurance coverage - Marketing will include all coverages of the County indicated in this RFQ.
2. Claims Administration - This includes periodic claim reviews (the number and scope to be defined), and advising on handling large claims and active involvement in prior claims where necessary.
3. Policyholder Services
4. Additionally, the County is interested in the following services:
 - a. Exposure identification services
 - b. Property inspections and property value trending
 - c. Written loss prevention reports
 - d. Coordination and analysis of loss data generated by TPA's and insurers

IV. REQUIRED SUBMITTALS

Each Proposer is requested to provide the following information on the attached submission form and additional sheets as necessary. Please provide the information following the format using the same numbering/lettering scheme.

A. Insurance Agent/Insurer Representative information including:

1. Representative Name
2. Firm Name
3. Address
4. Telephone Number
5. Fax Number
6. E-mail Address
7. Years in the insurance business
8. Years with present firm
9. Number of public entities serviced
10. Representative Resume

B. Firm Background

1. Which Florida office will provide services?
2. Will any other offices be involved?
3. How many years has the firm been in business?
4. How many Florida public entities does the firm service?
5. What is the firm's Florida premium volume?
6. Range of services
7. Appropriately licensed personnel

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8. Amount of Error & Omissions insurance, provide proof of same
9. Provide your approach towards the purchase of liability coverage in relation to protection afforded by Florida Statute 768.28.

C. Remuneration

1. State your total remuneration
2. Can method of remuneration be chosen by the County?
3. Is remuneration negotiable?
4. Is remuneration included with premiums or in addition?
5. How many years will your firm guarantee the level of remuneration?
6. Is remuneration inclusive of marketing activity and services to be provided throughout the year?

D. Insurer/Agent Market Assignment Preferences

Provide preliminary indications, by order of preference, of desired insurance markets for specific coverages.

E. References

Provide references for accounts similar to the County's for which you provide brokerage services. All proposers must provide at least five (5) references. At least two (2) references must be a current customer and at least one (1) reference must be for a client who is serviced by a majority of the proposed account team.

All bidders must list all similar contracts that have been terminated or lost, due to unsatisfactory performance, within the last five (5) years.

F. Optional Submittals

Reasons for the County qualifying your firm: describe the key reasons your firm should be qualified by the County to submit an insurance proposal. Emphasize issues that make the firm unique, or give it special advantages over other potential brokers.

Attach any supplemental documentation you think is relevant to your qualification.

Unique/exclusive markets: If you represent unique and/or exclusive markets, you may warrant special consideration. Describe any unique and/or exclusive market arrangements which you think should qualify your firm. This could involve one or more coverage lines.

V. SELECTION PROCESS

- A. The County Administrator shall appoint an Evaluation Committee composed of three to five members who will review all proposals received on time, and select one or more firms for interview based on the responses of each proposer, if necessary.
- B. The Evaluation Committee will recommend to the Board of County Commissioners (BCC) the firms deemed to be most highly qualified to perform the requested services.
- C. Evaluation Criteria

Proposals will be evaluated and ranked on the basis of the following considerations:

AGENT/INSURER REPRESENTATIVE QUALIFICATIONS/EXPERIENCE 30%

1. Demonstrated qualifications of agent.

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2. Agent experience in relevant areas (as reflected in past performance with similar clients).

FIRM QUALIFICATIONS/EXPERIENCE/RESOURCES**40%**

1. Demonstrated qualifications of firm.
2. Firm experience in relevant areas (as reflected in past performance with similar clients).
3. Overall quality of references.
4. Account staffing (as reflected in experience, professional qualifications and designations of assigned personnel).
5. Approach towards purchasing liability
6. Issues that make the firm unique, or give it special advantages over other candidates.
7. Unique and/or exclusive markets you may warrant special consideration. Describe any unique and/or exclusive market arrangements which you think should qualify your firm.

REMUNERATION**15%**

1. Competitiveness of fee
2. Remuneration basis (fee vs. commission)
3. Contract term (single vs. multi-year)

MINORITY BUSINESS ENTERPRISE PARTICIPATION**10%**

See Section IX of this RFQ

LOCAL PREFERENCE**5%**

See Section XX of this RFQ..

VI. INDEMNIFICATIONS

The Contractor agrees to indemnify and hold harmless the County from and against all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to any act or occurrence of omission or commission of the Contractor, its delegates, agents or employees, related to this Agreement, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

VII. INSURANCE

1. Bidder shall purchase and maintain the following minimum limits of insurance:
 - a. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form where a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
 - b. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage (**Non-owned, Hired Car**).
 - c. Workers' Compensation and Employer's Liability: Insurance covering all employees meeting statutory limits in compliance with applicable state and federal laws and

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Employer's Liability with a limit of \$500,000 per accident. *Waiver of Subrogation in lieu of Additional Insured is required.*

- d. Contractor shall carry professional liability (errors and omissions) insurance of the types necessary to protect the Firm from any professional liability arising under this agreement with a minimum \$5,000,000 liability limit. The professional liability insurance coverage for the services provided under this agreement shall be maintained in force from the date of the contract until a date at least one (1) year following the actual completion of the provision of any services under the terms of this agreement.
2. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional Insured (excluding Workers' Compensation) and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.
3. Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.
4. Cancellation clauses for each policy should read as follows: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.

VIII. MINORITY/WOMEN BUSINESS ENTERPRISE AND EQUAL OPPORTUNITY POLICIES

A. Minority/Women Business Enterprise Requirements

It is the policy of the Leon County Board of County Commissioners to institute and maintain an effective Minority/Women Business Enterprise Program. This program shall:

1. Eliminate any policies and/or procedural barriers that inhibit M/WBE participation in our procurement process.
2. Established goals designed to increase M/WBE utilization.
3. Provide increased levels of information and assistance available to M/WBEs.
4. Implement mechanisms and procedures for monitoring M/WBE compliance by prime contractors.

Each bidder is strongly encouraged to secure M/WBE participation through purchase of those goods or services to be provided by others. Firms responding to this RFP are hereby made aware of the County's goals for M/WBE utilization. Respondents should contact Gary W. Johnson, Leon County M/WBE Director, at phone (850) 606-1650; fax (850) 606-1651 for additional information. Respondents must complete and submit the attached Minority/Women Business Enterprise Participation Plan form. **Failure to submit the form will result in a determination of non-responsiveness for your proposal.**

As a part of the selection process for this project, the ranking procedure will provide a maximum of ten (10) percent of the total score where M/WBE's are used as follows:

<u>M/WBE Participation Level</u>	<u>Points</u>
The respondent is certified as a Minority/Woman Business Firm with Leon County, as defined in the County's M/WBE policy.	10

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The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority/women business firms/individuals. 8

The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified M/WBE Firm(s), and has identified in the proposal the M/WBE Firm(s) that it intends to use. 6

No MWBE participation 0

B. Equal Opportunity/Affirmative Action Requirements

The contractors and all subcontractors shall agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

For federally funded projects, in addition to the above, the contractor shall agree to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

In addition to completing the Equal Opportunity Statement, the Respondent shall include a copy of any affirmative action or equal opportunity policies in effect at the time of submission.

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This form is required as part of the qualifications submission by persons/firms for this Request for Qualifications. Please provide all information requested and where necessary, additional sheets may be added. Be sure to respond in the same format as listed in the RFQ.. This form need not be typed, it may be handwritten in ink.

**LEON COUNTY
SUBMISSION FORM FOR
QUALIFICATION FOR INSURANCE BROKER SERVICES**

A. Insurance Agent/Insurer Representative _____

1. Firm Name _____
2. Street Address _____
City, State, Zip Code _____
3. Telephone _____ Fax _____ Email _____
4. How many years have you been in the insurance business? _____
5. How many years have you been with your present firm? _____
6. How many public entities do you service? _____
Please provide a listing on a separate sheet of paper.
7. Please attach background information on yourself, e.g. resume and other supporting materials.

B. Firm Qualifications/Experience/Resources

1. Which Florida office of your firm will provide the ongoing services to the County?
Firm Name _____
Street Address _____
City, State, Zip Code _____
2. Will any other offices be involved; to what extent? Be specific.

3. How many years has the firm been in business? _____
4. How many Florida public entity clients does the firm service? _____
5. What is your firm's Florida premium volume? _____
6. Have you provided background information on the range of your firm's services? _____
7. Are the persons designated to service the County's account appropriately licensed by the State of Florida? _____ Please list the following:

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Name	Types of Licenses	Years Serving Large Commercial Accounts	Years Serving Public Entities

8. State the amount of errors and omissions insurance for the firm and the name of the insurer and attach proof of same.

9. Provide your approach towards the purchase of liability coverage in relation to protection afforded by Florida Statute 768.28.

Optional Submittals

Respondents are encouraged to provide such supplemental information that will assist the County in determining qualifications. Examples are: key reasons for the County qualifying your firm; issues that make the firm unique, or give it special advantages over other offerors; unique/ exclusive markets; etc.

C. Remuneration

1. State your total remuneration (as commissions, fees, etc.) for the following coverages; and treat each as if it might be separable from the others (you may indicate one or both methods of remuneration – either method is acceptable):

Coverage	% of Premium up to Maximum Fee	Flat Fee
Package	% of Premium up to Maximum Fee	\$
Primary Property	% of Premium up to Maximum Fee	\$
Excess Property	% of Premium up to Maximum Fee	\$
Boiler & Machinery	% of Premium up to Maximum Fee	\$
General Liability	% of Premium up to Maximum Fee	\$
Public Official Liability & EPL	% of Premium up to Maximum Fee	\$
Automobile Liability	% of Premium up to Maximum Fee	\$
Excess Workers' Compensation	% of Premium up to Maximum Fee	\$

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Third Party Administration (WC)	% of Premium up to Maximum Fee	\$
Storage Tank Liability/Pollution	% of Premium up to Maximum Fee	\$
Aviation	% of Premium up to Maximum Fee	\$
Volunteer Fire Services	% of Premium up to Maximum Fee	\$
Total (if flat fee)	N/A	\$

2.C an either of the above methods be chosen by the County, whichever is in the County's best interest? ____ Yes ____ No

3.A re these percentages and flat fees negotiable? _____

4. Will this remuneration be included within the premiums you propose (preferred), or in addition to the premiums proposed? Explain.

5.F or how many years are you willing to guarantee this level of remuneration, regardless of premium changes? Explain.

6.I s your proposed remuneration inclusive of marketing activity and any services to be provided throughout the year? (Clearly explain any variables.)

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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7.I f it becomes necessary or desirable to assign an insurance market to more than one agent, are you willing to submit net quotes separate from the commission to be charged? _____

8.P lease disclose the name of any officer, director, agent or other key person who is also an official or employee of the County? If none, state "none". _____

9.H ave you disclosed the name of any official or employee of the county who owns, directly or indirectly, an interest of five percent or more in a proposing firm or any of its branches? If none, state "none". _____

Additional Comments:

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CERTIFICATION

The undersigned hereby certifies that:

I have read Leon County's Request for Qualification Information for Insurance Broker Services and I am submitting information based upon the representation that my firm is of sufficient size and capability to serve the County.

I understand that attempts to reserve or actually reserving insurance markets in advance of the County's publication of final specifications or market assignments for insurance/services may result in disqualification of my firm.

I understand that the County may conduct interviews with selected firms submitting proposals, and the County's decisions about interviews and selection shall be final.

I understand that the County reserves the right to separately approach unassigned insurance markets directly where such markets are willing to propose on a direct basis.

I understand that I may be disqualified for actually reserving markets after publication of the final specifications which I do not intend to use.

I understand that I will be held responsible for the actions of my intermediaries, e.g. who may approach markets assigned to others.

I understand that this Request for Qualifications is only a solicitation of background information and qualifications from firms that may be designated to obtain insurance.

I represent that I am authorized to provide this submission on behalf of my firm.

Authorized Signature

Title

Printed Name

Date

Firm Name

Telephone

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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Agents (including incumbents) are asked to provide preliminary indications, by order of preference, of desired insurance markets for the following coverages. Although the numbering sequence is limited, additional insurers may be requested.

Proposers attempting to reserve or actually reserving markets before Leon County's publication of final specifications for insurance and services, or subsequently reserving unused markets may be disqualified. Following the initial assignments, requests for additional markets will be entertained on a first-come, first-served basis. Market assignments will be made by company group for all lines of coverage.

#	Insurer Name	Insurer Group or Fleet Name	Your Firm's Estimated Annual Florida Premium Volume	Direct Access Yes or No	Group/Fleet Exclusive Yes or No
Package Policy (All Lines Aggregate)					
1					
2					
3					
4					
5					
Primary Property					
1					
2					
3					
4					
5					
Excess Property					
1					
2					
3					
4					
5					
Boiler & Machinery					
1					
2					
3					
4					
5					
General Liability					
1					
2					
3					
4					
5					
Public Official Liability & EPL					

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1				
2				
3				
4				
5				
Automobile Liability				
1				
2				
3				
4				
5				
Excess Workers' Compensation				
1				
2				
3				
4				
5				
Third Party Administrator, Workers' Compensation				
1				
2				
3				
4				
5				
Storage Tank Liability/Pollution				
1				
2				
3				
4				
5				
Aviation				
1				
2				
3				
4				
5				
Volunteer Fire Services				
1				
2				
3				
4				
5				
Accidental Death & Dismemberment				
1				
2				
3				
4				

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**LEON COUNTY
REFERENCES**

Provide specific references for at least five customers (preferably public entities), including customers served by the firm's nearest office to the County. They should be of similar size, complexity and magnitude to the County. Additional references may be provided by attachment.

RESPONDENT _____

1. Organization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

2. Organization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

3. Organization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

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4.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

5.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

Please list all similar contracts that have been terminated or lost, due to unsatisfactory performance, within the last five (5) years. Failure to do so may result in disqualification.

1.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

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2.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

3.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

4.O rganization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

5.O rganization _____

Address _____

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Contact, phone number _____

Insurance/services provided _____

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LEON COUNTY DESCRIPTION OF CURRENT PROGRAM

#	Description	Coverage/Service	Insurer/Provider	Term
1	Property	Buildings, Contents, EDP, Inland Marine, Mobile Equipment, Boiler & Machinery TIV \$224,053,287 Policy Limit \$N/A Ded. \$25,000/2% named windstorm	PGIT	10/1/05-06
2	Boiler & Machinery	Included Policy Limit \$50MIL	PGIT	10/1/05-06
3	General Liability	Bodily Injury & Property Damage; Personal Injury & Advertising Injury; Products & Completed Operations Policy Limit \$3MIL/\$6MIL Ded. \$10,000	PGIT	10/1/05-06
4	Public Official Liability & EPL	Included Policy Limit \$3MIL/\$3MIL Ded. \$25,000	PGIT	10/1/05-06
5	Automobile Liability	314 Units – Auto Liability 140 Units – Comprehensive 140 Units – Collision Policy Limit \$3MIL Ded. 10,000	PGIT	10/1/05-06
6	Excess Workers' Compensation	SIR \$350,000 Part I – Statutory Part II - \$1MIL Estimated Payroll \$61,047,661	PGIT	10/1/05-06
7	Third Party Administrator, WC	Claims adjusting; Litigation Management; Subrogation	PGCS	10/1/05-06
8	Storage Tank Liability/Pollution	Public Entities, Tanks & Landfills Policy Limit \$1MIL Ded.\$10,000 Public Entities \$25,000 Tanks & Landfills	ACE, Illinois Union Ins. Co.	10/1/05-06
9	Accidental Death & Dismemberment	Law Enforcement: Occupational: \$54K Fresh Pursuit: \$54K Intentional Death: \$162K Community Services Program: Blanket Accident Insurance Policy Limit: Medical: \$5,000 A D & D: \$10,000	AIG	10/1/05-06

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10	Aviation	<p>Law Enforcement Use: 2 Helicopters, liability only 1 Helicopter, hull coverage 1 FLIR System</p> <p>Policy Limit: \$100K/Passenger \$1MIL/Occurrence</p> <p>Ded. \$1K Not In Motion 5% of Insured Value: In Motion</p>	Phoenix/Old Republic	10/16 05-06
11	Volunteer Fire Services	<p>1. Package: Property; General Liability; Crime; Portable Equipment; Management Liability</p> <p>Policy Limits: Property: \$54,675 Ded. \$250</p> <p>General Liability: \$1MIL/2MIL Ded. N/A</p> <p>Crime: \$25,000 Ded. N/A</p> <p>Portable Equipment: Guaranteed Replacement Cost Ded. \$100</p> <p>2. Commercial Auto: Liability: \$1MIL AV or ACV; Ded. \$100</p>	VFIS	10/1 05-06